

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11822

Reg. Dist. No. 332

### 1. PLACE OF DEATH:

County Wicomico  
City or town Nanticoke  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Wicomico  
City or town Nanticoke  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Edward Barkley

### 3. (b) Social Security Number

4. Sex Male 5. Color or race colored 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife Mary Thomas Barkley  
7. Birth date of deceased (mo., day, yr.) Feb. 1, 1888 6. (c) If alive, give age 70 years  
8. AGE: Years 60 Months 9 Days 70 It less than one day hrs. min.

9. Birthplace Nanticoke, Wicomico Co. Md.  
(Town, county, and state)

10. Usual occupation Laborer

### 11. Industry or business

12. Name Frank Barkley  
13. Birthplace Maryland  
14. Maiden name Rose Ann Muller  
15. Birthplace Maryland

16. Informant Mary E. Barkley  
Address Nanticoke, Md.

17. Burial Date thereof Dec. 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Nanticoke Cemetery  
Location Nanticoke, Md.

18. Funeral director Wickham Funeral Home  
Address Princess Anne, Md.

19. Dec. 4 19 48 Loise Strong Taylor  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 19 48 at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 March 19 48 to 30 November 19 48  
and that I last saw him alive on 30 November 19 48

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Delbert H. Saunders MD.  
M. D. or other

Address Nanticoke Md. Date signed December 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11823

Reg. Dist. No. 335

## 1. PLACE OF DEATH:

County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3.(a) FULL NAME

## 3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, where?)

Date thereof.....

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

48

Walter S. Mann

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov - 1

19.48

at

6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/26 1948 to 11/18 1948

and that I last saw him alive on

Immediate cause of death

Occlusion

DURATION

3 weeks.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address.....

M. D. or other

Date signed 11/28/48

RECEIVED

NOV 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11824

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

6 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County NeenahCity or town Snow Hill  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## 3. (a) FULL NAME

Blake, Annie4. Sex Female 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Unknown7. Birth date of deceased (mo., day, yr.) 1893 6.(c) If alive, give age \_\_\_\_\_ years8. AGE: Years 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Snow Hill Neenah, Md.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Hilda WestonAddress Snow Hill, Md.17. Buried Date thereof Nov 24/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or CatholicLocation Snow Hill, Md.18. Funeral director Wm. E. DwyerAddress Snow Hill, Md.19. Nov-22-48 Louise Strong Taylor  
(Date rec'd by registrar) (Signature of Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1948 at 9:38 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 14 1948 to Nov 20 1948and that I last saw her alive on Nov 20 1948

Immediate cause of death \_\_\_\_\_

BronchopneumoniaDue to MalnutritionDue to Coronary Stenosisinsipable

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury (Long & Blade) Injured at work? \_\_\_\_\_23. SIGNATURE William B. LongAddress 504 N. Duane St. Salisbury, Md.Date signed 11/20/48

## DURATION

1 week6 months1 year?



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11825 332

## 1. PLACE OF DEATH:

County FrederickCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Penninsula General Hospital

How long in hospital or institution?

9 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. 408 Record St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Campbell, Melvin Bruce

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

November 8 - 1948

8. AGE:

Years

Months

Days

If less than one day

19 hrs.1 min.

9. Birthplace

Penninsula General Hospital, Salisbury, Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Campbell, Melvin

13. Birthplace

Salisbury, Md.

MOTHER

14. Maiden name

Small, Dorothy Ann

15. Birthplace

Ft. Leavenworth, Michigan

16. Informant

Parents (Charles)

Address

408 Record St. Salisbury, Md.

17. (Burial, cremation, or removal, Which?)

CremationDate thereof 11/10/48  
(month) (day) (year)Primary or crematoryPenninsula General Hospital

Location

Salisbury, Md.

18. Funeral director

Penninsula General Hospital

Address

Salisbury, Md.

19. (Date rec'd by registrar)

Nov-11

19. 48

Prince Strong Taylor

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 9, 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 8, 1948 to Nov. 9, 1948and that I last saw him alive on 11-9-48

Immediate cause of death

Pneumonia (7 mos.)

DURATION

Due to

Other conditions aspiration pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. Pneumonia

Autopsy results

gross findings - pneumonia - minimal

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Stelmas W. Smith

M.D. C.M.

M. D. or other

Address

Salisbury, Md.

Date signed

11-10-48

RECEIVED

NOV 15 1948

BUREAU V. O.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11826 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

519 Hammond street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 39 East Henrietta st.  
(If rural, give LOCATION)2. (a) If veteran, name war ☒

## 3. (a) FULL NAME

Joseph Raymond Carey

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 30<sup>th</sup> 1948 at 8:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Medical Examination Certificate

Immediate cause of death

Acute alcoholism some days

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury Injured at work?

23. SIGNATURE Oliver T. Taylor RegistrarAddress 1212 1/2

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematorium

Location

18. Funeral Director

Address

19. Dec. 27

(Date rec'd by registrar)

1948

Lois Strong Taylor

Registrar

RECEIVED

DEC 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11827

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County *Neomig*City or town *Salisbury*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

*310. Poplar street*

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State *md* County *Neomig*City or town *Salisbury*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *310. Poplar st.*  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

*Mary Elizabeth Coulbourn*

## 3. (b) Social Security Number

4. Sex

*Female*

5. Color or race

*White*

6. (a) Single, married, widowed, or divorced

*Widow*

6. (b) Name of husband or wife

*Joshua James Coulbourn*

7. Birth date of deceased (mo., day, yr.)

*Feb - 1872*

8. AGE:

*76**8**—**—* hrs. min.

9. Birthplace

*Proctor Co. Md.*  
(Town, county, and state)

10. Usual occupation

*at home*

11. Industry or business

*at home*

12. Name

*Proctor Co. Md.*

13. Birthplace

*Catharine Layfield*

14. Maiden name

*Proctor Co. Md.*

15. Birthplace

*Mr. Isaac R. Coulbourn*

16. Informant

*Hartfield Virginia*

17. (Burial, cremation, or removal, Which?)

*Burial*

Date thereof

*Nov. 9-1948*

Cemetery or crematory

*St. Luke Proctor Co. Md.*

18. Funeral director

*W. H. W. & Co. Walter R. H. H. H.*

Address

*Salisbury Md.*19. *11-9-48*  
(Date rec'd by registrar)*Mary W. Holloway*  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov. 7* 19 *48* at *12:50 PM*

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

*Nov 1* 19 *48* to *Nov 2* 19 *48*and that I last saw him/her alive on *Nov 2* 19 *48*

Immediate cause of death

*Arteriosclerotic heart disease*

DURATION

*2 years*

Due to

Due to

Other conditions

*Fracture of femur & contusion of hip - fell in his home 3 wks before death. (Include pregnancy within 9 months of death.)*

Major findings of operations

*X-rays negative for fracture*

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Name of injury Injured at work?

23. SIGNATURE *Salisbury Md* M. D. or otherAddress *Salisbury Md* Date signed *11/8/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Richardson

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11829

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 29 days, 8 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County SummitCity or town Dagsboro  
(If outside city or town limits, write RURAL and give nearest town)Street No. Dagsboro  
(If rural, give LOCATION)2(a) If veteran, name war ☒

## 3. (a) FULL NAME

Downee, Missie

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 1, 1898 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 60 Months 7 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Delaware  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Washington Nickman13. Birthplace Delaware14. Maiden name Katharine Nickman15. Birthplace Delaware16. Informant Woodrow StearnsAddress Dagsboro, Del.17. Burial Date thereof Nov 14, 1948  
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory Holmes CemeteryLocation Dagsboro Del.18. Funeral director Shelley & Co. Funeral HomeAddress Salisbury Maryland19. Nov 12 48 Louise Strong Baylo  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11<sup>th</sup> 1948 at 10<sup>50</sup> P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1948 to Nov 7 1948  
and that I last saw her alive on Nov 11 1948Immediate cause of death Carcinoma of Gall Bladder DURATION 6 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Phlebitis - left leg acute 8 days  
(Include pregnancy within 3 months of death)Major findings at operations Carcinoma of Gall Bladder  
a cholelithiasis Date of op. Oct 18, 1948Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE La Rademaker M.D. M. D. or other \_\_\_\_\_Address Salisbury Del Date signed 10/12/48

RECEIVED

NOV 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

11830

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
 City or town Tyaskin  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Erastus Elliott

## 3.(b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Mary Elliott

6.(c) If alive, give age

65 years

7. Birth date of deceased (mo., day, yr.)

Feb. 5, 1882

8. AGE:

Years

Months

Days

If less than one day

66921

hrs.

min.

9. Birthplace

Elliots, Dorchester, Md.  
(Town, county, and state)

10. Usual occupation

Oyster diver

11. Industry or business

MOTHER FATHER

12. Name Robert J. Elliott

13. Birthplace

Elliots, Md.

14. Maiden name

Margaret Houseman

15. Birthplace

Elliots, Md.

16. Informant

Houseman Elliott

Address

Tyaskin, Md.

17.

Burial

Date thereof

11/28/48  
(month) (day) (year)

Cemetery or crematory

Tyaskin Church Cemetery

Location

Tyaskin, Md.

18. Funeral director

Bellway & Son, Lexington

Address

Lexington, Va.

19.

Nov-27

19

48Louise Strong Taylor

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH 26 November 1948 at 5:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 16 1948 to Nov 26 1948and that I last saw him alive on Nov 26 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

✓

Due to

Due to

Other conditions

Hypertension, Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

City or town

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE

J. H. McEl

M. D. or other

Address

Salisbury

Date signed

11/27/48

RECEIVED

NOV 29 1948

BUREAU V. B.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11831

332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 14 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DELAWARE County SUSSEXCity or town SEAFORD RURAL  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD #2 SEAFORD  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Everett, Arvilla Mae

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) JULY 14, 19488. AGE: Years - Months 4 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace SEAFORD, SUSSEX, DELAWARE  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name MEDFORD LEO EVERETT13. Birthplace CHESTERTOWN MARYLAND14. Maiden name MADELINE LANKFORD15. Birthplace SEAFORD, DELAWARE16. Informant MADELINE L. EVERETTAddress SEAFORD, DELAWARE17. BURIAL Date thereof NOV 20, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory BLADES CEMETERYLocation BLADES, DELAWARE18. Funeral director MEDFORD L. WATSON, JR.Address SEAFORD, DELAWARE19. November 19, 1948 Lois M. Taylor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1948 at 12:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/4/48 to 11/19/48and that I last saw him alive on 11/19/48Immediate cause of death Pneumonia

DURATION

Due to Biliary obstructioncongestive heart failureDue to splenomegaly, & jaundice

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Stomach due to subacute hepatitis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Storah Cook, M.D.

M. D. or other

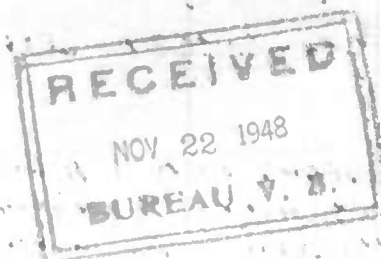
Address P.G.H. Salisbury, Md. Date signed 11/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

VS A15

I

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

11832  
332  
Reg. Dist. No.

1. PLACE OF DEATH:  
County Wicomico  
City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred P.O. # Hospital  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md. County Wicomico  
City or town Parramung  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. P.O. #  
(If rural, give LOCATION)  
2(a) If veteran, name war

3. (a) FULL NAME Carl B. Farlow (Her)

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Rena B. Farlow  
7. Birth date of deceased (mo., day, yr.) Aug 28 - 1904 6. (c) If alive, give age 38 years  
8. AGE: Years 44 Months 2 Days 4 If less than one day  
hrs. min.

9. Birthplace Salisbury Md.  
(Town, county, and state)  
10. Usual occupation Farmer  
11. Industry or business in Lumber Mill

12. Name Geo. James Farlow  
13. Birthplace Whitewater Md.  
14. Maiden name Fennie White  
15. Birthplace P.O. # Parramung Md.

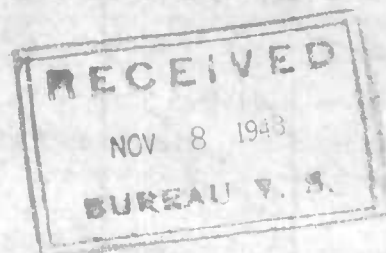
16. Informant Mrs. Rena B. Farlow  
Address P.O. # Parramung Md.

17. Burial Date thereof Nov 5 - 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or Bethel Cemetery  
Location Walden Md.  
Holloway & Co. Funeral Home

18. Funeral director Walden Md.  
Address Salisbury Md.  
19. Nov 5 19 48 Quince Strong Taylor  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION  
20. DATE OF DEATH Nov 2 19 48 at 10:10 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 19 48 to Nov 2 19 48  
and that I last saw him alive on Nov 2 19 48  
Immediate cause of death Coronary Thrombosis  
DURATION  
Due to Arteriosclerosis +  
Due to hypertension  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Injured at work?  
23. SIGNATURE Quince Strong Taylor  
Address Salisbury Md. Date signed 11-5-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and correct age is especially important. Physicians: please write the causes of death clearly and fully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11833

Reg. Dist. No.

332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town SALISBURY, MARYLAND  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

4 hours and 3 minutes

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County Wicomico

City or town Fruitland  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

(a) If veteran, name war .....

## 3. (a) FULL NAME

Fisher, BAL GINT FAY ELLEN

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female. white new BORN.

6. (b) Name of husband or wife .....

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 4, 1948

8. AGE: Years Months Days If less than one day  
new BORN. 7 hrs. 3 min.

9. Birthplace Salisbury, Maryland.  
 (Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

12. Name Walter William Fisher13. Birthplace McKimley, Virginia14. Maiden name Miss Anty McInaine15. Birthplace Wilmington, Delaware.16. Informant Parents.Address Fruitland, Maryland.17. ☒ (Burial, cremation, or removal. Which?) Date thereof Nov. 4 - 48.Cemetery or crematory Peninsula General HospitalLocation Salisbury, Maryland.18. Funeral director Peninsula General HospitalAddress Salisbury, Maryland.19. Nov 4 19 48 Louise Strong Taylor

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-48 19 48 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-4-48 19 48 to 11-4-48 19 48and that I last saw her alive on 11-4-48 19 48

Immediate cause of death

Prematurity

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

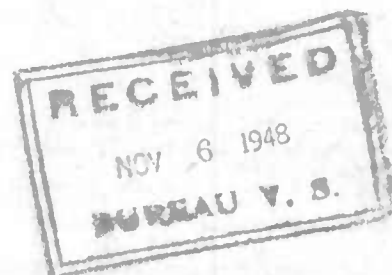
Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Louise Strong TaylorAddress Salisbury, Md. Date signed 11-4-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

332

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

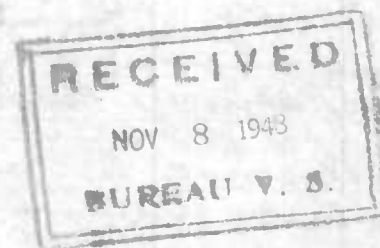
MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.







## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11835

## CERTIFICATE OF DEATH

Reg. Dist. No. *X 336*

## 1. PLACE OF DEATH:

County *McComie*City or town *Delmar*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
*R.O. # 3*

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *McComie*City or town *Delmar*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *R.O. # 3*  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

*Lula Virginia Hastings*

## 3. (b) Social Security Number

4. Sex

*Female*

5. Color or race

*White*

6. (a) Single, married, widowed, or divorced

*Single*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov. 5* 19*48*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*July 2* 19*46* to *Nov. 5* 19*48*  
and that I last saw him alive on *Nov. 5* 19*48*

Immediate cause of death

*Myocardial  
insufficiency*

DURATION

*1 yr.*Due to *Extreme Xiphocostal*  
*flaccid paralysis**26 yrs*Other conditions *Flaccid paralysis  
three extremities; bronchitis*  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*David L. ...*  
Address *Delmar Md.* Date signed *Nov. 6, 1948*

10. Usual occupation

*at home*

11. Industry or business

*Charles A. Hastings*

12. Name

*Sussex Co. Del.*

13. Birthplace

*Lucy Hastings*

14. Maiden name

*Lucy Hastings*

15. Birthplace

*Wm. Lucy Hastings*

16. Informant

*R.O. # 3 Delmar, Md.*

17. Burial

*Nov. 8-48*

(Burial, cremation, or removal, which?)

Cemetery

*Chautauk Church Cem.*

Location

*R.O. # 2, Salisbury Md.*

18. Funeral director

*Hollingsworth & Co. Md.*

Address

*Salisbury Md.*

November 8, 1948

(Date rec'd by registrar)

Registrar

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11838

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wilcombe  
 City or town Salisbury Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred: no  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Wilcombe  
 City or town Salisbury Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 503 W Libella St  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war World War I

## 3. (a) FULL NAME

Arthur Johnson  
 4. Sex male 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Catherine A. Johnson  
 7. Birth date of deceased (mo., day, yr.) Apr 27 1896  
 8. AGE: Years 52 Months 6 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 3. (b) Social Security Number

Don't know

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1948 at 7<sup>22</sup> a M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical & surgery to death  
 and that I last saw medically alive on certified 1948  
 Immediate cause of death Bullet wound of brain  
 DURATION sudden death  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings at operations none Date of op. \_\_\_\_\_  
 Autopsy results none  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace Salisbury Md  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business Same as above  
 12. Name Robert M. Johnson  
 13. Birthplace Salisbury Md  
 14. Maiden name Annie M. Dixon  
 15. Birthplace Salisbury Md  
 16. Informant Hellen Johnson  
 Address Salisbury Md  
 17. Burial Date thereof Nov 14-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematorium Hawthorn  
 Location Salisbury Md  
 18. Funeral director James H. Stewart  
 Address Salisbury Md  
 19. Nov 13 1948 Quinn Stewart Taylor  
 (Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide suicide Date of 11/10/48  
 Where did injury occur? Salisbury Wilcombe Md  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Vacant lot  
 Means of injury shot through Injured at work? no  
 23. SIGNATURE Quinn Stewart Taylor M.D. or other  
 Address Salisbury Md Date signed 11/13/48

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

168

11837

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
no  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 503 W. Isabella  
 (If rural, give LOCATION)  
 2.(a) If valaran, name war no

## 3. (a) FULL NAME

Catherine A. Johnson

## 3. (b) Social Security Number

4. Sex Female 5. Color or race aa 6. (a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Arthur Johnson  
 7. Birth date of deceased (mo., day, yr.) Nov 14 - 1910  
 8. AGE: Yaars 37 Months 11 Days 26 If less than one day  
 9. Birthplace Salisbury, Wicomico, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business

MOTHER FATHER  
 12. Name Thomas Black  
 13. Birthplace Snow Hill, Maryland  
 14. Maiden name Addie Handy  
 15. Birthplace Rock-a-walkin. Md

16. Informant Preston Black  
 Address 503 W. Isabella St. Salisbury Md  
 17. Burial Date thereof 11-15-'48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Calvary  
 Location Fruitland, Md.

18. Funeral director James F. Stewart  
 Address 402 E. Church St. Salisbury Md

19. November 13, 1948 Louise Strong Taylor  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1948 at home  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
medical examination 1948  
 and that I last saw him alive on Nov 7 1948  
 Immediate cause of death Fractured skull  
Brain injury  
 Duration 3 days  
death  
 Due to  
 Due to  
 Other conditions fracture of face  
 (Include pregnancy within 3 months of death)  
 Major findings of operations none  
 Date of op.  
 Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide None Date of 11-7-48  
 Where did injury occur? Salisbury, Wicomico Md  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Home  
 Manner of injury struck over head Injured at work? no  
with hammer  
by Rockingham  
 23. SIGNATURE Louise Strong Taylor M. D. or other  
 Address Salisbury Md Date signed 11/13/48

RECEIVED

NOV 15 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 11839  
332

## 1. PLACE OF DEATH:

County Sevier  
City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital  
How long in hospital or institution? 1 day, 4 hours, 53 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Sevier  
City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. R. 2nd #1  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles Jones Q.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife.

6. (c) If alive, give age ✓ years7. Birth date of deceased (mo., day, yr.) August 30 - 19468. AGE: Years Months Days If less than one day  
2 2 12 hrs. min.9. Birthplace Pocomoke Wicomico Md  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Edwin W. Jones13. Birthplace Baltimore Md14. Maiden name Virginia Q. Creaven15. Birthplace York Penna16. Informant Mr. Edwin W. JonesAddress Rt. 2, Salisbury Md.17. Burial Date thereof Nov 14 - 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Shedburn M. E. CemeteryLocation Salisbury Md. Rt. 218. Funeral director Sherry WeddingtonAddress Pocomoke Md.19. Nov-13 19 48 Louise Strong Taylor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 19 48, at 10:55 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
10 Nov. 19 48, to 12 Nov. 19 48  
and that I last saw him alive on 11 November 19 48Immediate cause of death ① Acute Bronchitis DURATION one week

Due to

Due to ConcurrentOther conditions ② Central asphyxia③ Developmental retardation③ Congenital micrognathia  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE airkies, M.D.Address Salisbury, Md. Date signed 12 Nov. 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11840

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick m.d.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred: na  
 How long in hospital or institution? na

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Frederick  
 City or town Frederick m.d.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. na  
 (If rural, give LOCATION)  
 2(a) If veteran, name war na

## 3. (a) FULL NAME

Gardner Leonard Jones

## 3. (b) Social Security Number

na

4. Sex male 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced single  
 6. (b) Name of husband or wife na  
 6. (c) If alive, give age na years  
 7. Birth date of deceased (mo., day, yr.) Sept 19 1948  
 8. AGE: Years 1 Months 10 Days 10 If less than one day na hrs. na min.

9. Birthplace Bahabury m.d.  
 (Town, county, and state)  
 10. Usual occupation na  
 11. Industry or business na

MOTHER FATHER  
 12. Name Gardner Leonard Jones  
 13. Birthplace Frederick m.d.  
 14. Maiden name Pearl Wise  
 15. Birthplace Oranlock u.a.  
 16. Informant Pearl Jones  
 Address Frederick m.d.  
 17. Burial Date thereof Nov 5-1948  
 (Burial, cremation, or removal. Which) (month) (day) (year)  
 Cemetery or crematory Mt. Calvary  
 Location Frederick m.d.  
 18. Funeral director James Stewart  
 Address Bahabury m.d.  
 19. November 5, 48 Source: Strong, Ayala  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-48 19 61 at 7 M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-1-48 19 11-4-48 to 11-4-48 19 11-4-48  
 and that I last saw na alive on 11-3-48 19 11-3-48

Immediate cause of death Bronchopneumonia  
 DURATION 3 day

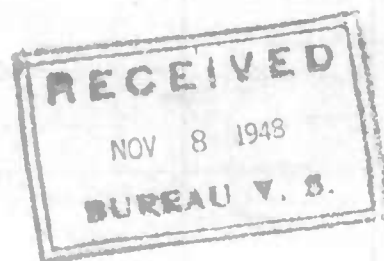
Due to na  
 Due to na  
 Other conditions na  
 (Include pregnancy within 3 months of death)

Major findings of operations na Date of op. na

Autopsy results na  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide na Date of na  
 Where did injury occur? na (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) na  
 Means of injury na Injured at work? na

23. SIGNATURE Luc L. Lawry m.d. M. D. or other na  
 Address Frederick m.d. Date signed 11-5-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11841 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Juckett, Mrs Ida Belle

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Harry Juckett

7. Birth date of deceased (mo., day, yr.)

March 23 - 19116. (c) If alive, give age dead years

8. AGE:

Years 70Months 5Days 6

If less than one day

hrs.

min.

9. Birthplace

Snow Hill, Worcester, Md  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own home

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Mrs John A. Baker

Address

Burial

17. (Burial, cremation, or removal. When?)

Date thereof Dec. 1/48

Cemetery or crematory

Protestant

Location

Snow Hill, Md

18. Funeral director

Wm E. Thomas

Address

Snow Hill, Md19. December 1, 1948

(Date rec'd by registrar)

Lois Strong Taylor

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Snow Hill  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29 1948 at 8:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/29 1948 to 11/29 1948and that I last saw him alive on 11/29 1948Immediate cause of death Heart block

DURATION

Due to

infarct

Due to

arteriosclerotic heart

Other conditions

disease  
arteriosclerosis  
diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

infarct post. wall & left ventricle

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

PGH

M. D. or other

Address

Date signed 11/29/48

RECEIVED

DEC 4 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

11836

93d

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Penninsula General Hospital

How long in hospital or institution?

9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. 208 Carroll Ave

(If rural, give LOCATION)

2.(a) if veteran, name war

## 3. (a) FULL NAME

Long, Mrs. Hil

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white married6. (b) Name of husband or wife Long, Mrs. Clara Beale6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr) Nov 26, 18718. AGE: Years Months Days If less than one day  
76 11 14 hrs. min.9. Birthplace Keyser, West Virginia  
(Town, county, and state)10. Usual occupation Salesman

11. Industry or business

12. Name Henry Henry Long13. Birthplace Keyser, West Virginia14. Maiden name She. Hil15. Birthplace Missouri16. Informant Mr. Hil Long JrAddress Baltimore, Md17. Burial Date thereof 12/2/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Lorraine ParkLocation Baltimore, Md18. Funeral director The Bell & Johnson CoAddress Salisbury, Md19. Nov-10 1948 Louise Strong Taylor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1948 at 10:10 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1, 1948 to November 10, 1948 and that I last saw him alive on November 10, 1948

Immediate cause of death

Myocarditis  
Coronary Heart Failure  
Arteriosclerosis

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pubic place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Yeaman M.D.Address 208 Carroll Ave, Salisbury, Md Date signed 12/10/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

486

11842  
332

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... AccomacCity or town..... Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital  
How long in hospital or institution? Days - 22 hrs - 55 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... WorcesterCity or town..... Brown City  
(If outside city or town limits, write RURAL and give nearest town)Street No..... 504 N. Baltimore Ave.  
(If rural, give LOCATION)2.(a) If veteran, name war..... ☒

## 3. (a) FULL NAME

Mason, Mrs Eleanor

## 3. (b) Social Security Number

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced.....

6. (b) Name of husband or wife..... Ernest Lee Mason7. Birth date of deceased (mo., day, yr.)..... May 9, 18748. AGE: Years..... 74 Months..... 6 Days..... 6 If less than one day..... hrs..... min.9. Birthplace..... Accomac County, Va.  
(Town, county, and state)10. Usual occupation..... House wife

## 11. Industry or business

12. Name..... Edward Custis13. Birthplace..... Accomac, Va.14. Maiden name..... Sue Parker15. Birthplace..... Accomac, Va.16. Informant..... Mrs. Ernest MasonAddress..... Brown City, Md.17. Burial Date thereof..... Nov 17, 1948  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory..... OnancockLocation..... Onancock, Va.18. Funeral director..... The Hill's JohnsonsAddress..... Salisbury Md.19. Nov-16 1948 Lois Strong Taylor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 15 1948 at 12:25 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
11-9 1949 to 11-15 1948  
and that I last saw him alive on 11-15-48 1948Immediate cause of death..... Pulmonary embolism

Due to.....

Due to..... Carcinoma uterus

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Carcinoma uterus

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

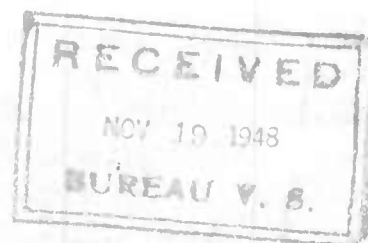
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Philip A. Taylor M. D. or otherAddress..... Salisbury Md. Date signed 11-15-48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11843

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 hours  
 Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
 How long in hospital or institution? 4 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. River side Drive  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Matthews Baby Bonnie Lee

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single ✓ married, widowed, or divorced Baby

## 6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Sept. 27-1946 8. (c) If alive, give age..... years

8. AGE: Years 2 Months 1 Days 17 If less than one day hrs. min.

9. Birthplace P.B. Hvyt. Salisbury Md  
 (Town, county, and state)

10. Usual occupation None

11. Industry or business.....

12. Name Ralph E. Matthews

13. Birthplace Proctor G. Md.

14. Maiden name Myrtle Marie Parson

15. Birthplace Salisbury Md.

16. Informant Mr. Ralph E. Matthews

Address 1010 Riverside Drive Salisbury Md

17. Burial Buried Date thereof Nov. 17-48  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Parson Cemetery

Location Salisbury Maryland

18. Funeral Director Hollmister G. W. & R. Hollmister

Address Salisbury Md.

19. Nov-16 48 Sophie Stronglayton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14- 48 at 10 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 November 1948 to 14 Nov. 1948 and that I last saw her alive on 14 Nov. 1948

Immediate cause of death Cerebral Hemorrhage DURATION 4 hours

Due to.....

Due to.....

Other conditions Left spastic paraplegia 11 mo.

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.....

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Overseer, M.D.

Address Salisbury, Md. Date signed 11/16/48

RECEIVED

NOV 19 1948

BUREAU V. S.

Evidence for change of  
year of birth shown on:

FILM No. G 118 DEC -7 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11844

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Salisbury

City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

307. Barclay street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For children infants give residence of mother)

State Md. County Wicomico

City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 307 Barclay Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Theodosia Covington Moore

3. (b) Social Security Number

4. Sex

female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Edward James Moore

7. Birth date of deceased (mo., day, yr.)

Feb. 24 - 1859 1860

6. (c) If alive, give age years

dead

8. AGE:

Years

Months

Days

If less than one day

88

9

4

hrs.

min.

9. Birthplace

P.O. Parsonburg, Md.

(Town, county, and state)

10. Usual occupation

Home wife

11. Industry or business

at home

MOTHER FATHER

12. Name

Burton Brown

13. Birthplace

P.O. Pittsville Md.

14. Maiden name

Elijah Jackson

15. Birthplace

P.O. Parsonburg Md.

16. Informant

Mrs. Rosa B. Welch

Address

307. Barclay St. Salisbury Md.

17. Burial

Burial Date thereof Dec. 1 - 1948

(Burial, cremation, or removal. Which?)

Cemetery or place

Moore Family Cemetery

Location

Near Pittsville Md.

19. Funeral director

Hollman & Co. Wm. R. Hollman

Address

Salisbury Md.

19. Date rec'd by registrar

Nov-29 1948

(Date rec'd by registrar)

Louise Strong Taylor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1948 at 11:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

35 Nov. 28 1948

and that I last saw her alive on Nov. 26 1948

Immediate cause of death

Valvular Heart Disease

DURATION

13 yrs

Due to

Due to

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James R. Mann

M. D. or other

Address Salisbury Md. Date signed 11/29/48

MARGIN RESERVED FOR BINDING

(I)

VS A15 9.45.15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1071

RECEIVED FOR THE DIRECTOR, FBI

RECEIVED FOR THE DIRECTOR, FBI

RECEIVED  
DEC 1 1948  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11845

Reg. Dist. No. 332

### 1. PLACE OF DEATH:

County... Thames  
City or town... Salisbury  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
How long in hospital or institution? 17 hrs 15 min

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
State... Maryland County... Somerset  
City or town... Princess Anne Md  
(If outside city or town limits, write RURAL and give nearest town)  
Street No...  
(If rural, give LOCATION)  
2.(a) If veteran, name war...

### 3. (a) FULL NAME

Newton, Mr. E. Bruce

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Myrtle Newton  
6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1900

8. AGE: Years 48 Months 2 Days 3 If less than one day hrs. min.

9. Birthplace Seaford Sussex, Del.  
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business grocery store

12. Name Major Newton

13. Birthplace Seaford Delaware

14. Maiden name Indigarette Sattmold

15. Birthplace Seaford Delaware

16. Informant Mrs. Myrtle Newton

Address Princess Anne Md

17. Burial Date thereof Dec 1, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Old Fellows Cemetery

Location Seaford Delaware

18. Funeral director Hale Doshill

Address Princess Anne Md

19. Nov-29 1948 Louise Strong Taylor  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1948 at 6:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 1948 to Nov. 28 1948  
and that I last saw him alive on Nov 28 1948

Immediate cause of death Massive Gastro-intestinal Hemorrhage DURATION 24 hrs.

Due to Esophageal Varices Symptom 2 weeks

Due to Cirrhosis of Liver 5 yrs.

Other condition Chronic Alcoholism 10 yrs  
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David Gilmore M. D. Date signed Nov. 29, 1948  
Address Salisbury, Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 1 1948

BUREAU V. S.





RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11847

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Worcester Worcester  
 City or town Ocean City, Salisbury Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? About 2 years  
 Hospital, institution, or street address where death occurred:  
Peninsula General Hospital - Salisbury  
 How long in hospital or institution? about 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Worcester  
 City or town Berlin, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route # 2  
 (If rural, give LOCATION)  
 2(a) If veteran, name war no ☒

## 3. (a) FULL NAME

Annie Mae Purnell

## 3. (b) Social Security Number

no.

4. Sex Female 5. Color or race aa 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Albert L. Purnell  
 6. (c) If alive, give age Don't know years  
 7. Birth date of deceased (mo., day, yr.) Nov 1873  
 8. AGE: Years 75 Months — Days — If less than one day — hrs. — min. —

9. Birthplace Tyloville, Worcester Co. Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name George W. Taylor

13. Birthplace Worcester Co. Maryland

14. Maiden name Sue — Taylor

15. Birthplace Worcester Co. Maryland

16. Informant Mrs. Eliza M. Milbourne

Address Ocean City, Maryland

17. Burial Date thereof 11-24-48 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Evergreen

Location Berlin, Maryland

18. Funeral director James F. Steidert

Address 402 E. Church St. Salisbury Md.

19. Nov-24-48 Registrar Louise Strong Taylor

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 19 48 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16 19 48 to Nov. 20 19 48  
 and that I last saw him alive on Nov. 20 19 48

Immediate cause of death Arenia DURATION 2 weeks

Due to Nephrosclerosis symptoms

Due to —

Other conditions Far advanced arteriosclerosis

Severe Undernutrition  
 (Include pregnancy within 8 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE David B. Moore

Address Salisbury Md. Date signed Nov 22, 1948

M. D. or other —

UNITED STATES GOVERNMENT

OFFICE OF THE SECRETARY

RECEIVED

NOV 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

159

11848

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
 City or town Salisbury Md.  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. R. D. # 1

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Rusey, Baby Boy LLOYD WARREN

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 5 - 1948

8. AGE: Years Months Days If less than one day

9

hrs. min.

9. Birthplace Salisbury, Wic. Maryland

(Town, county, and state)

10. Usual occupation newborn

11. Industry or business

12. Name Lloyd Mack Rusey13. Birthplace Salisbury Md.14. Maiden name Jessie Elizabeth Chaffey15. Birthplace Crisfield Md.16. Informant ParentsAddress Salisbury Md. R. D. # 117. ✓ Cremation Date thereof 11/14/1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Peninsula General HospitalLocation Salisbury Md.18. Funeral director Peninsula General HospitalAddress Salisbury Md.19. Nov 15 1948 Loisae Strong Taylor  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1948, at 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11.15 1948, to 11.13 1948and that I last saw him alive on 11.13 1948Immediate cause of death CrematurityBronchopneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, publc place (where?)

Means of injury

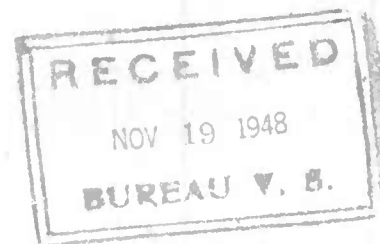
Injured at work?

23. SIGNATURE

Sarah Cook M.D.

M. D. or other

Address P. O. H. Salisbury Md. Date signed 11.13.48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11849

132

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wisconsin  
 City or town Salisbury, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Benjamin General HospitalHow long in hospital or institution? 3 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wisconsin  
 City or town White Haven  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Benjamin Robinson

## 3. (b) Social Security Number

4. Sex male 5. Color or race C 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Estella Robinson

7. Birth date of deceased (mo., day, yr.) June 15 - 1887  
 8. (c) If alive, give age dead years

8. AGE: Years 61 Months 5 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace White Haven, Wisconsin, Md.  
 (Town, county, and state)

10. Usual occupation laborer

## 11. Industry or business

12. Name John Robinson  
 13. Birthplace White Haven, Md.  
 14. Maiden name Priscilla Waters  
 15. Birthplace White Haven, Md.

16. Informant William Burke  
 Address White Haven, Md.

17. burial Date thereof 11/28/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Private Cemetery  
 Location White Haven, Md.

18. Funeral director Holloway & Co. Salisbury, Md.  
 Address Salisbury, Md.

19. Nov-27 1948 Louise King Taylor  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 23 - Nov. 1948 at 4:38 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 Sept. 1947 to 23 Nov. 1948  
 and that I last saw him alive on 23 Nov. 1948

Immediate cause of death Uremia; due to  
Ch. Prostatic Obstruction DURATION 1 week  
with Hydronephrosis (12/23/48) D.S.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings at operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Injured at work? \_\_\_\_\_

23. SIGNATURE Richard H. Saunders M.D.  
 Address Northcoke Md. Date signed 26 Nov 48

RECEIVED

NOV 29 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11850

332

## 1. PLACE OF DEATH:

County *Wicomico*City or town *Salisbury*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

*Female*

5. Color or race

*White*

6. (a) Single, married, widowed, or divorced

*Married*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

60

6

3

hrs.

min.

10. Usual occupation

*Home life*

11. Industry or business

*Charles Watson*

12. Name

13. Birthplace

*Baltimore Co. Md.*

14. Maiden name

*Julia Musick*

15. Birthplace

*Salisbury Md.*

16. Informant

*Mr. William W. Shown*

Address

*Salisbury Md.*

17. Burial

*Funeral Home*

Date thereof

*Nov. 14-48*

(month) (day) (year)

Location

*Long Point, Salisbury Md.*

18. Funeral director

*William W. Shown*

Address

*Salisbury Md.*

19. (Date rec'd by registrar)

*Nov-12-48*

Registrar

*Lois Strong Taylor*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-informants give residence of mother)

State *Md.* County *Somerset*City or town *Salisbury*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *111*  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov. 12* 19 *48* at *3:51 a.m.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct 1947* to *11/12* 19 *48*and that I last saw him alive on *11/12* 19 *48*Immediate cause of death *Carcinoma of left testis*Due to *metastasis*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injury

Injured at work?

23. SIGNATURE *F. P. Gernane M.D.*Address *Salisbury Md.*Date signed *11/12/48*

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

EVIDENCE FOR CORRECTION OF  
MOTHER'S NAME IS ON  
FILM # 6118, JAN. 78, 1949

159

11851  
332

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FrederickCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

7 Dec. 35 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SorcererCity or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name was ☒

## 3. (a) FULL NAME

Stanford, Frank EDWARD JR.

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of

deceased (mo., day, yr.)

November 27, 1948

8. AGE:

Years

Months

Days

It less than one day

10 hrs. 35 min.

9. Birthplace

Berlin, W.D., Maryland

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

MOTHER  
FATHER

12. Name

Stanford, Frank Edward, Sr.

13. Birthplace

Quincy, Florida

14. Maiden name

Wookey, Pauline

15. Birthplace

Elk Lake, North Carolina

16. Informant

Frank Stanford (father)

Address

Berlin, Md.

17.

CremationDate thereof 11-28-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Peninsula General Hospital

Location

Salisbury, Md.

18. Funeral director

Peninsula General Hospital

Address

Salisbury, Maryland

19.

Nov. 29, 1948

(Date rec'd by registrar)

Soine Strong Taylor

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1948 at 6:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 27, 1948 to November 27, 1948and that I last saw him alive on November 27, 1948Immediate cause of death Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Sarah Cook, M.D.

M. D. or other

Address P. G. H. Salisbury, Md. Date signed 11/28/48

SEE LET. AWAT. RPLY. FLDC - 12-13-48 - HUNTER



*See file - 140165*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

11852

932

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 daysHospital, institution, or street address where death occurred  
Peninsula General Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. North Division St. East  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Taylor, William (William Strangher Taylor)

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Julia Etta Taylor7. Birth date of deceased (mo., day, yr.) May 30 - 1872 6.(c) If alive, age 72 years8. AGE: Years 76 Months 5 Days 26 hrs. min.9. Birthplace Horton, Wicomico, Maryland  
Town, county, and state10. Usual occupation Retired11. Industry or business Farmer12. Name Wesley Taylor13. Birthplace Quantico, Md.14. Maiden name Emily Hopkins15. Birthplace Quantico, Md.16. Informant M. A. J. TaylorAddress North Division St. East Salisbury Md17. Burial Date thereof Nov. 28 - 48

(Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory Siloam CemeteryLocation Siloam Maryland18. Funeral director Hallway & Walker, SalisburyAddress Salisbury Md19. Nov. 27 - 48 Louise Strong Taylor

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 19 48 at 12:55 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 19 48, to 11/26 19 48  
and that I last saw him alive on 11/24 19 48

Immediate cause of death

Coronary ThrombosisDue to Arteriosclerotic HeartDisease

Due to

Other conditions Arteriosclerosis 10 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederic P. Grammer M.D.

M. D. or other

Address Salisbury, Md Date signed 11/26/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11853

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 daysHospital, institution, or street address where death occurred:  
Peninsula General HospitalHow long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County SussexCity or town Seabrookville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war \_\_\_\_\_ ☒

## 3. (a) FULL NAME

Jindley, Leek

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John R. Jindley7. Birth date of deceased (mo., day, yr.) 12-13-1878 6. (c) If alive, give age deaf years8. AGE: Years 69 Months 10 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Jarrett, Va.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George J. Lines13. Birthplace Va.14. Maiden name Emma15. Birthplace Va.16. Informant Cyrus JindleyAddress Seabrookville Del.17. Burial Date thereof 11-14-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Forest Lakes Cem. - Bishop, Md.

Location \_\_\_\_\_

18. Funeral director Henry J. WatsonAddress Pocomoke City Md.19. Nov. 13 1948 Registrar Lois Anderson Taylor  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 19 48 at 4:05 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9 19 48 to Nov. 12 19 48 and that I last saw him alive on Nov. 12 19 48Immediate cause of death Myocardial infarction DURATION 1 yearDue to Arteriosclerotic heart symptomDue to Disease one yr.Other conditions Diabetes Mellitus Malnutrition  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE David L. Gilmore MD Salisbury Md. Nov. 13 1948  
Address \_\_\_\_\_ Date signed \_\_\_\_\_



Turner

RECEIVED

NOV 15 1948

BUREAU V. S.

MB15

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 46d  
CERTIFICATE OF DEATH

11854

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Sevier  
City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 days  
Hospital, institution, or street address where death occurred:  
Sevier General Hospital  
How long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Worcester  
City or town Berlin  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_ ✓

## 3. (a) FULL NAME

Watkins, Mrs. Margaret Howard

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widow  
6. (b) Name of husband or wife Nicholas J. Watkins  
6. (c) If alive, give age decd years  
7. Birth date of deceased (mo., day, yr.) Dec. 9, 1850  
8. AGE: Years 97 Months 11 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Annapolis, Maryland  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_

12. Name THOMAS HOWARD  
13. Birthplace Maryland  
14. Maiden name Louise Spence  
15. Birthplace Maryland

16. Informant Mrs. H. S. Purnell  
Address Berlin Md.

17. Burial Date thereof 11/21/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls  
Location Berlin Md.

18. Funeral director Rev. A. B. Breyer  
Address Berlin Md.

19. Nov. 26 1948 Louise Strong Taylor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1948 at 10:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1948 to Nov. 19 1948  
and that I last saw her alive on Nov. 19 1948

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Carcinoma rectum

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Intestinal obstruction  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Luigi A. Taylor M. D. or other \_\_\_\_\_  
Address Salisbury Md. Date signed 11-19-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11855332

## 1. PLACE OF DEATH:

County AccomacCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
106 Morris St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-voting infants give residence of mother)

State MD. County AccomacCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. 106 Morris St.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Viola Mae Wheatley

## 3. (b) Social Security Number

## 4. Sex

female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Edward M. Wheatley6. (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.)

July 2-1925

## 8. AGE:

Years

Months

Days

If less than one day

23420

hrs.

min.

## 9. Birthplace

Snow Hill Md.  
(Town, county, and state)

## 10. Usual occupation

Home wife

## 11. Industry or business

MOTHER FATHER

## 12. Name

Charles Meane

## 13. Birthplace

Accomac Co. Va.

## 14. Maiden name

Edith Cherry

## 15. Birthplace

Salisbury, Va.

## 16. Informant

Mr. Edward M. Wheatley

## Address

106 Morris St. Salisbury Md.

## 17.

Burial

## Date thereof

Nov 25, 1948  
(month) (day) (year)

## Cemetery or crematory

Freemans Cemetery

## Location

Salisbury Md.

## 18. Funeral Director

William C. Miller & Son

## Date

Salisbury Md.

## 19.

Nov 23

## 19.

48

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Nov. 22nd 1948 at 9:21 P

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 10, 1948 to Nov 22, 1948and that I last saw her alive on Nov 22, 1948

## Immediate cause of death

Pulmonary Tuberculosis  
Myocardiosis

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

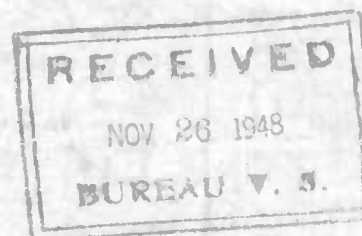
## 23. SIGNATURE

John H. Freeman M.D.

M.D. or other

## Address

208 CambridgeDate signed 11/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Fisher

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11856

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County *Wicomico*City or town *Salisbury*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
*R.D. # 4.*

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State *MD* County *Wicomico*City or town *Salisbury*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *R.D. # 4.*  
(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (a) FULL NAME

*Thomas Edgar White*

## 3. (b) Social Security Number

4. Sex

*Male*

5. Color of face

*White*

6. (a) Single, married, widowed, or divorced

*Married*

6. (b) Name of husband or wife

*Mary Ellen White*

7. Birth date of deceased (mo., day, yr.)

*July 24-1884*8. (c) If alive, give age *56* years

8. AGE:

Years

Months

Days

(If less than one day)

hrs.

min.

9. Birthplace

*R.D. # 3 Salisbury Md.*  
(Town, county, and state)

10. Usual occupation

*Painter*

11. Industry or business

*Home Painting*

MOTHER

FATHER

12. Name

*John J. White*

13. Birthplace

*R.D. Delmar Del.*

14. Maiden name

*Hannie Downing*

15. Birthplace

*R.D. Delmar Del.*

16. Informant

*Mrs. Mary E. White*

Address

*R.D. # 14 Salisbury Md.*

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

*Nov. 18-1948*  
(month) (day) (year)

Cemetery or burying place

*St. Luke, Wicomico Co. Md.*

18. Funeral director

*Hollman & Co. Walter R. Hollman*

Address

*Salisbury Maryland*

19. Nov-16

1948

Date rec'd by registrar

*Louise Strong Taylor*

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Nov. 15th 1948*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Medical Examiner, California*  
and that I last saw him alive on *11/15 1948*

Immediate cause of death

*Coronary thrombosis  
(sudden death)*

DURATION

*acute*  
*weeks*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

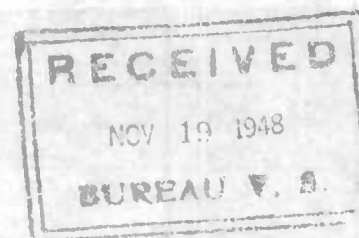
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*Charles T. Fisher*  
*Physician, Wicomico Co. Md.*  
Address *Salisbury Md.* Date signed *11/16/48*





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11857

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 8/3/48  
 Hospital, institution, or street address where death occurred: Md. Pine Bluff Sanatorium, Salisbury,  
 How long in hospital or institution? Since 8/3/48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Deals Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

WILLIAMS, James Francis

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower  
 6. (b) Name of husband or wife Minnie Thompson Williams  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Nov. 16, 1881  
 8. AGE: Years 67 Months 0 Days 1 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Princess Anne, Maryland  
 (Town, county, and state)  
 10. Usual occupation Barber  
 11. Industry or business \_\_\_\_\_

12. Name Thomas Williams  
 13. Birthplace Princess Anne, Md.  
 14. Maiden name Maggie Messick  
 15. Birthplace Princess Anne, Md.

16. Informant Deceased, when admitted to hospital.  
 Address \_\_\_\_\_

17. Burial Date thereof Nov. 19-1948  
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Prison Cemetery  
 Location Salisbury, Maryland

18. Funeral director Wm. H. Taylor & Son  
 Location Salisbury, Maryland

19. Nov. 19 1948 Wm. H. Taylor  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 17 1948, at 6 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 3 1947, to Nov. 16 1948  
 and that I last saw him alive on Nov. 16 1948

Immediate cause of death \_\_\_\_\_  
Pulmonary Tuberculosis DURATION 3 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

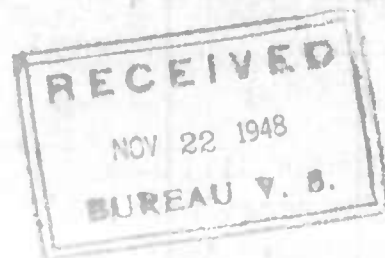
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE S. H. Burdick MD M. D. or otherAddress Salisbury, Md. Date signed 11/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1315

11858

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wilcomica  
 City or town Allen md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred: no  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State md County Wilcomica md  
 City or town Allen md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. no  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

## 3. (b) Social Security Number

Martha J. Williams  
 4. Sex female 5. Color or race a.g. 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife George Williams  
 7. Birth date of deceased (mo., day, yr.) Sept 27 1861 6. (c) If alive, give age na years  
 8. AGE: Years 87 Months 1 Days 13 If less than one day hrs. min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 19 48 at 6 A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 48, to Nov. 8, 19 48  
 and that I last saw her alive on Nov. 7, 19 48

Immediate cause of death Chy. Nephritis DURATION 5 mos  
 Due to Arteriosclerosis  
 Due to Arteriosclerosis  
 Other conditions Arteriosclerosis  
 (Include pregnancy within 8 months of death)

Major findings of operations no Date of op. no

Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide no Date of no  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury no Injured at work?

23. SIGNATURE E. Herbert Semble M.D. M. D. or other  
 Address Salisbury Md Date signed 11/10/48

9. Birthplace Allen md (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Same as above  
 12. Name Marice Black  
 13. Birthplace Smithland, md.  
 14. Maiden name Rebecca Black  
 15. Birthplace Smithland md  
 16. Informant Rebecca Daskell  
 Address Allen md  
 17. Burial Date thereof Nov 11-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematorium Friendship  
 Location Allen md  
 18. Funeral director James A. Stewart  
 Address Salisbury md  
 19. November 11-48 Registrar  
 (Data rec'd by registrar)

RECEIVED

NOV 15 1948

BUREAU 7. S.